Out-Of-Hospital Births For The Week

Public Health Laboratories Newborn Screening Program Phone (206) 418-5410 Fax (206) 418-5415

Sun:	thru Sat:	
	mm/dd/yy	mm/dd/yy

Midwife, Birth Attendant or Birth Center:							
Person Reporting:				Prov New	/ider Number /born Screen	assigned by ing Program:	
	Provider Number assigned by Newborn Screening Program: wirths by (*) before name. Baby's Baby's Sex Date of Birth Address** Telephone Number						
Mother's Last Name (and Baby's Last Name if different)	Baby's Sex	Date of Birth	Mother's First Name	Street		7in	Telephone Number
		uazyy	montor or morroanio	3 331	<u> </u>	<u> </u>	(with a ou oous)

** Please fill out follow-up information on the reverse side if:

1. Parents do not wish to have address and phone listed and/or

2. Follow-up visit will be provided by another clinic or physician

Mail To: Department of Health
Public Health Laboratories
Attn: Newborn Screening
1610 NE 150th St.
Shoreline, WA 98155-7224

- Please fill out follow-up information if:

 1. Parents do not wish to have address and phone listed and/or

 Follow-up visit will be provided by another clinic or physician

			Address City		Telephone Number
Baby's Last Name	Physician or Clinic Who Will Follow-Up	Street	City	Zip	Telephone Number (with area code)
				+	